

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 Years  
 Hospital, institution, or street address where death occurred:  
111 Peachblossom Ave.  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 111 Peachblossom Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Susie F. Aaron

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Benj. Dolby Aaron  
 (Deceased 12/30/40) 6. (c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) May 3, 1879  
 8. AGE: Years 67 Months - Days - If less than one day - hrs. - min.

9. Birthplace Hoopers Island, Dor. Co., Md.  
 (Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home12. Name William H. Simmons13. Birthplace Maryland14. Maiden name Rebecca Hooper15. Birthplace Maryland16. Informant Mrs. Ormand KirwanAddress Cambridge, Maryland

17. Burial Date thereof May 5, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Md.

19. 5-7- 19 46  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 3:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 31 1946 to 5/3 1946  
 and that I last saw h. ER alive on 5/3 1946

Immediate cause of death Pt. Cerebral Hemorrhage DURATION 3 days

Due to Hypertensive cardio-vascular disease

Due to Cerebral Hemiplegia  
 Other conditions 1 year  
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following Rev  
 Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE [Signature] M. D. or other -  
 Address Cambridge, Md. Date signed 5/4/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04776

RECEIVED

MAY 13 1946

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-D

## CERTIFICATE OF DEATH

04777

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County DORCHESTER  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Alice Boems

### 3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

Female Colored Married

6. (b) Name of husband or wife William Boems

B. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 25 Nov 1914

8. AGE: Years 31 Months 5 Days 15 If less than one day..... hrs. .... min.

9. Birthplace St Stephen S. C  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business None

12. Name Sciley goss

13. Birthplace SC

14. Maiden name Janil Ostrom

15. Birthplace B S C

16. Informant Manil Perkins

Address 10 Wright St Cambridge

Cambridge Date thereof May 22

(Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge Silant City

18. Funeral director Levens H Bannum

Address 201 Washington St

19. 5-21-16 John M. J. R.

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1946, to May 15 1946

and that I last saw him alive on May 11 1946

Immediate cause of death Cancer of uterus

### DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE John E. Brubaker M. D. or other

Address 3700 St. Cambridge Md Date signed 5-20-46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 28 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... Dorchester  
 City or town... Rural-Church Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 Years  
 Hospital, institution, or street address where death occurred:  
Church Creek  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester  
 City or town... Rural-Church Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Church Creek  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Etta Bradshaw Bramble

## 3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Laird V. Bramble  
 8. AGE: Years 40 Months 7 Days 3 If less than one day - hrs. - min.  
 7. Birth date of deceased (mo., day, yr.) Oct. 3, 1905.  
 8.(c) If alive, give age 41 years

9. Birthplace Golden Hill, Dor. Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Domestic  
 11. Industry or business Home

FATHER 12. Name Joseph William Bradshaw  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Justina Barton  
 15. Birthplace Maryland

16. Informant Mrs. Mary Spicer  
 Address Golden Hill, Maryland

17. Burial Burial Date thereof May 8, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Old Trinity Cemetery  
 Location Church Creek, Maryland.

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. 5-8-46 John MacFarland  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946 at 11: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1945 to May 6, 1946  
 and that I last saw her alive on May 3, 1946

Immediate cause of death

Carcinoma of  
L. Breast with  
generalized carcinoma  
nodes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma  
of the breast Date of op. Sept 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Eldridge K. Hafford  
Cambridge, Md. Date signed 5-7-46

M.D. or other

RECEIVED  
MAY 13 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

# Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

04779

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

FILM No. I 04 MAY 22 1946

## 1. PLACE OF DEATH:

County Darchester  
 City or town Cambridge Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 39 years  
 Hospital, institution, or street address where death occurred  
403 Choptank Ave.  
Cambridge, MD  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Darchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 403 Choptank Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

John W. Brown

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

B.(b) Name of husband or wife Emma Blacker Brown

7. Birth date of deceased (mo., day, yr.) Oct - 15 - 1877 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 68 Months 6-9 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Saulsbury Md.  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name J. Anthony Brown

13. Birthplace unknown

14. Maiden name Lousia Maddox

15. Birthplace unknown

16. Informant Mrs Emma B. Brown

Address 403 Choptank Ave

17. (Burial, cremation, or removal, Which?) Date thereof 5-11-46  
 (month) (day) (year)

Cemetery or crematory Memorial Park

Location Saulsbury Md

18. Funeral director Kenneth R. Thomas

Address Cambridge Md

19. 5-11-46 John Macfarland  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May 9 1946, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1942 to May 9 1946

and that I last saw him alive on May 3rd 1946

Immediate cause of death Cerebral accident

Left hemiplegia

Due to arteriosclerosis

generalized

Other conditions Benign prostatic

hypertrophy

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Eldridge H. Bagford

M. D. or other \_\_\_\_\_

Address Cambridge Md

Date signed 5-11-46

## DURATION

4-5 min

4 yrs +

2 yrs

RECEIVED  
MAY 13 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04780

Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**  
 County.....  
 City or town..... **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... **several years**  
 Hospital, institution, or street address where death occurred:  
**106 Washington**  
 How long in hospital or institution?..... **X**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... **Maryland**..... County..... **Dorchester**  
 City or town..... **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **106 Washington**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

**Tillie Burroughs**

## 3. (b) Social Security Number

4. Sex..... **female**  
 5. Color or race..... **colored**  
 6.(a) Single, married, widowed, or divorced..... **widowed**  
 6.(b) Name of husband or wife..... **Benjamin Burroughs**  
 (deceased)  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... **1867**  
 8. AGE: Years..... **79** Months..... **X** Days..... **X**  
 If less than one day..... **X** hrs. .... min.

9. Birthplace..... **Maryland**  
 (Town, county, and state)  
 10. Usual occupation..... **housework**  
 11. Industry or business..... **home**  
 12. Name..... **Eason Chase**  
 13. Birthplace..... **Md.**  
 14. Maiden name..... **Milly**  
 15. Birthplace..... **Md.**

16. Informant..... **Lena Cromwell (daughter)**  
 Address..... **28 Wells St. Cambridge, Md.**

17. **accident** Date thereof..... **5/25/46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... **Asbury**  
 Location.....

18. Funeral director..... **Lewis H. Burroughs**  
 Address..... **Cambridge Md**

19. **5/25/46** 19. **46**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 23**..... 19. **46** at..... **5 A.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... **X** ..... 19....., to..... **X** ..... 19.....  
 and that I last saw h..... **X** ..... alive on..... **X** ..... 19.....

Immediate cause of death..... **Cerebral Haemorrhage**  
 DURATION..... **week**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Mans of injury..... Injured at work?

23. SIGNATURE..... **Dr. H. Shriver, Dep. Med. Exam.**

M. D. or other.....

Address..... **Cambridge, Md.**..... Date signed..... **May 23/46**

RECEIVED

MAY 28 1946

BUREAU V.B.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 1781

## 1. PLACE OF DEATH

County

Orchester

Village or City

Cambridge

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No.

178

No.

Cambridge Md. R.F.D.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

James Cephus

(a) Residence: No.

Cambridge R.F.D.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

September

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.

71

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Retired Soldier

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Farming

10. Data deceased last worked at  
this occupation (month and  
year)Sept  
May11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Orchester Co. Md.

(State or country)

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

Unknown

(State or country)

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

Unknown

(State or country)

17. INFORMANT

(Address)

Holt Record  
Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Silent City

Date

5-29-46

19. UNDERTAKER

(Address)

Lewis H. Baynes  
Cambridge, Md.

20. FILED

5-29-46

John M. M. M. M.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

May

26

1946

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

19

to

May 20 -

1946

I last saw h. in alive on May 20 - 1946; death is said

to have occurred on the date stated above, at 9 PM. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Injuries from Retention

Date of onset

Other Contributory Causes of importance:

Hypertension, probably  
malnutrition.  
Stricture vessel neck

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

None

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed)

H. H. H.

M. D.

(Address) Cambridge Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
County.....Dorchester  
City or town.....Church Creek (rural)  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....all of life  
Hospital, institution, or street address where death occurred:  
On State Road south of Church Creek  
How long in hospital or institution?.....X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State.....Maryland County.....Dorchester  
City or town.....Church Creek (rural)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. X  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Clarence Cornish

### 3. (b) Social Security Number

4. Sex.....male  
5. Color or race.....colored  
6. (a) Single, married, widowed, or divorced.....single  
6. (b) Name of husband or wife.....X  
7. Birth date of deceased (mo., day, yr.).....March 1909  
8. AGE: Years.....37 Months.....X Days.....X If less than one day.....hrs. ....min.

9. Birthplace.....Maryland  
(Town, county, and state)  
10. Usual occupation.....Laborer  
11. Industry or business.....Lumber  
12. Name.....Fred. S. Cornish  
13. Birthplace.....Maryland  
14. Maiden name.....Mary Jane German  
15. Birthplace.....Maryland

16. Informant.....Fred. S. Cornish  
Address.....Church Creek, Md.

17. Burial Date thereof.....May 8 / 46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory.....Cemetery  
Location.....Church Creek Md

18. Funeral director.....Lewis H. Blayney  
Address.....Cambridge Md

19. 5-8-46 John Mack, Md Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....May 6 1946 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
X 19....., to.....X 19.....  
and that I last saw h.....X alive on.....X 19.....

Immediate cause of death.....Disease of Coronary Arteries  
DURATION.....X

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE.....J. B. Shriver, Dof. Med. Exam.  
M. D. or other  
Address.....Cambridge, Md. Date signed.....May 6/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 13 1946  
BUREAU V.C.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH



Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County WicomicoCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County WicomicoCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sara A. Deane

## 3. (b) Social Security Number

4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) July 30 18578. AGE: 88 Years 9 Months 9 Days hrs. min.8. Birthplace N. J.  
(Town, county, and state)10. Usual occupation House work11. Industry or business same12. Name Alphonso L. Winkham13. Birthplace Phoebe, N. Bonham14. Maiden name Phoebe, N. Bonham15. Birthplace W. J.16. Informant Mrs. Eda LynnerAddress Hurlock17. Buried Date thereof May 18 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematorium CemeteryLocation Federal Hill18. Funeral director F. B. PhillipsAddress East New Market19. May 14 - 1946 Charles W. King  
(Date signed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 11:58 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 46 to May 15 1946 and that I last saw him alive on May 10 1946Immediate cause of death Cerebral arteriosclerosis DURATION 2 yrsDue to senility + General Atherosclerosis 1 yr +Due to arthritis-hypertrophic 5 yrs +

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William O. Harrison MDAddress Hurlock Md. M. D. or other \_\_\_\_\_Date signed 5/16/46

RECEIVED  
MAY 21 1946  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 80 Years  
 Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
 How long in hospital or institution? 2 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. Choptank Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

W. Lee Dixon

## 3. (b) Social Security Number

-

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	
Male	White	Single	
6. (b) Name of husband or wife <u>-</u>			
B. (c) If alive, give age <u>-</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Nov. 15, 1863</u>			
8. AGE:	Years	Months	Days
	82	5	29
If less than one day .....hrs. ....min.			

9. Birthplace Dorchester County, Maryland.  
 (Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

II

12. Name Richard H. Dixon

13. Birthplace Maryland

14. Maiden name Elza Stewart

15. Birthplace Maryland

16. Informant Dr. Guy Steele

Address Cambridge, Maryland.

17. Burial Date thereof May 16, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 16 - 46 John M. Moseley  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 19 46 at 3:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 19 46 to May 13 19 46  
 and that I last saw him alive on May 13 19 46

Immediate cause of death Central hemorrhage

## DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? .....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work?

23. SIGNATURE.....

Guy Steele  
Cambridge Md  
 Address.....

M. D. 5/16-1946Date signed 5/16-1946

RECEIVED

MAY 20 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 452

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Hooperville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
home  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Hooperville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Arthur Henry Dorsey

## 3. (b) Social Security Number

214-14-8703

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male colored single

8. (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 3-1906

8. AGE: Years Months Days If less than one day  
 40 3 21 hrs. min.

9. Birthplace Hooperville, Md.  
(Town, county, and state)10. Usual occupation laborer11. Industry or business Seagood & Tomato packing12. Name William Edward Dorsey13. Birthplace Hooperville, Md.14. Maiden name Katie Ray Pritchett15. Birthplace Hooperville, Md.16. Informant Katie DorseyAddress Hooperville, Md.17. Burial Date thereof May 26-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hooperville, Md.Location —18. Funeral director Louis BayneumAddress Cambridge, Md.

19. May 25 1946 James W. Meade  
 (Date rec'd by registrar) (month) (day) (year) Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946 to May 24 1946 and that I last saw him alive on May 23 1946

Immediate cause of death  
Osteo. Sarcoma  
right upper jaw.

Due to

Due to

Other conditions Multiple metastases to lungs and intestinal tract  
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (Where?)

Means of injury

Injured at work?

23. SIGNATURE James W. Meade M.D.

Address Fishing Creek, Md. Date signed May 25/46

RECEIVED

MAY 28 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

<b>1. PLACE OF DEATH:</b> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>4 9</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>40 Douglas St</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Willie Dudley</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>female</u>		<b>5. Color or race</b> <u>colored</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>widowed</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b> <u>Joseph Dudley</u>				<b>2D. DATE OF DEATH</b> <u>May 3</u> 19 <u>46</u> at <u>11:10 a.m.</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>March 1 1893</u>		<b>6. (c) If alive, give age</b> years		<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>April 29</u> 19 <u>46</u> to <u>May 3</u> 19 <u>46</u> and that I last saw him alive on <u>May 2</u> 19 <u>46</u>			
<b>8. AGE:</b> Years <u>63</u> Months <u>2</u> Days <u>2</u> If less than one day hrs. min.		<b>Immediate cause of death</b> <u>Cerebral Hemorrhage</u>		<b>DURATION</b> <u>15 min</u>		<b>Other conditions</b> <u>Sen. Hypertension</u> <u>Diastolic Melitis</u>	
<b>9. Birthplace</b> <u>Crisfield Md</u> (Town, county, and state)				<b>Due to</b>			
<b>10. Usual occupation</b> <u>Housewife</u>				<b>Due to</b>			
<b>11. Industry or business</b>				<b>Major findings of operations</b>			
<b>FATHER</b>		<b>12. Name</b> <u>Rich Handy</u>		<b>Antsopy results</b>			
<b>13. Birthplace</b> <u>Crisfield Md</u>		<b>14. Maiden name</b> <u>Annella</u>		<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>MOTHER</b>		<b>15. Birthplace</b> <u>Crisfield Md</u>		<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>16. Informant</b> <u>Charles Adams</u>				<b>Accident, suicide, or homicide</b> Date of			
<b>Address</b> <u>40 Douglas St Cambridge Md</u>				<b>Where did injury occur?</b> (City or town) (County) (State)			
<b>17. Burial</b> Date thereof <u>May 5 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year) <b>Cemetery or crematory</b> <u>Waucho Cemetery</u> <b>Location</b> <u>Cambridge, Md</u>				<b>Injured at home, farm, industry, public place (where?)</b>			
<b>18. Funeral director</b> <u>W.M. &amp; Charles &amp; Son</u>				<b>Means of injury</b> Injured at work?			
<b>Address</b> <u>Cambridge Md</u>				<b>23. SIGNATURE</b> <u>Carroll M. &amp; Charles M.D.</u> M. D. or other <u>Prin + Chas St</u>			
<b>19. (Date rec'd by registrar)</b> <u>5-4-46</u> <u>John M. J. M.D.</u> Registrar				<b>Address</b> <u>Prin + Chas St</u> <b>Date signed</b> <u>5-3-46</u>			

RECEIVED

MAY 7 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Worcester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? entire life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Worcester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 227 Race St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Wm. Francis Fitzgerald

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 31-1907 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 38 Months 9 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge  
 (Town, county, and state)

10. Usual occupation Clock & Sewing Machine Repairman

11. Industry or business

12. Name Eurith L. Fitzgerald

13. Birthplace Delaware

14. Maiden name Mary E. Lynch

15. Birthplace Delaware

16. Informant Eurith L. Fitzgerald

Address Cambridge, Md.

17. Burial Date thereof 6-1-1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market

Location East New Market, Md.

18. Funeral director Kenneth R. Shouvas

Address Cambridge, Md.

19. May 31-46 John Mace Jr.  
 (Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Disease of Coronary Arteries

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Signature \_\_\_\_\_ M. D. or other \_\_\_\_\_

Address Cambridge, Md. Date signed May 31, 46



RECEIVED

JUN 2 1946

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

## CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? TWO DAYS  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? TWO DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Dorchester County Dorchester  
City or town Dorchester  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 116  
(If rural, give LOCATION)  
2.(a) If veteran, name war 116

3. (a) FULL NAME Mrs. Grace Good  
3. (b) Social Security Number 116

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife John Good  
6.(c) If alive, give age 65 years  
7. Birth date of deceased (mo., day, yr.) Oct. 2, 1893  
8. AGE: Years 52 Months 7 Days 1 If less than one day hrs. min.

9. Birthplace Penn.  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business Stewart Kitchen  
12. Name Stewart Kitchen  
13. Birthplace Penn.  
14. Maiden name Jessie Russell  
15. Birthplace Penn.  
16. Informant John Good, (Husband)  
Address Dorchester, Maryland  
17. Married Date thereof 5-27-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Dorchester Cemetery  
Location Dorchester, Md.  
18. Funeral director J. Vicgil Mason & Son  
Address Dorchester, Md.  
19. 5-27-46 John Macfarlane Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 46 at 12:38 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19 46 to May 26 19 46  
and that I last saw him her alive on May 26 19 46  
Immediate cause of death Coronary Thrombosis DURATION 1 hr.

Due to Arteriosclerotic Heart Disease  
Due to Marked Obesity  
Other conditions Marked Obesity  
(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None

Autopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide None Date of None  
Where did injury occur? None (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) None  
Means of injury None Injured at work? None

23. SIGNATURE Robert E. Gardner M.D.  
Address Dorchester, Md. M. D. or other 5/26/46  
Date signed 5/26/46

RECORDS

JUN 2 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04782

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 4 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 1

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Edward Michael Handy

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Infant

## 6. (b) Name of husband or wife

6. (c) If alive, give age - years

## 7. Birth date of

deceased (mo., day, yr.)

Nov. 24, 1945

## 8. AGE:

Years

Months

Days

If less than one day

-529

hrs.

min.

## 9. Birthplace

Cambridge, Maryland

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

MOTHER FATHER

## 12. Name

Ernest M. Handy

## 13. Birthplace

Maryland

## 14. Maiden name

Clara M. Meyer

## 15. Birthplace

Maryland

## 16. Informant

Mr. Ernest Handy

## Address

RFD # 1, Cambridge, Maryland

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

May 25, 1946

(month) (day) (year)

## Cemetery or crematory

Dorchester Memorial Park

## Location

Cambridge, Maryland

## 18. Funeral director

LeCompte's Funeral Service

## Address

Cambridge, Maryland.

## 19.

(Date rec'd by registrar)

5/25

19

46

19

John Mace

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946 at 10:35AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

MAY 1819 46to MAY 2319 46

and that I last saw him alive on

MAY 2319 46

Immediate cause of death

TOXEMIA ANDHYPERPYREXIA;Bacillary DYSENTERY; duration 4 days

Due to

CHOLERA

Due to

Other conditions

INFANTILE ECZEMA SINCE

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Cambridge Md

M. D. or other

Date signed 5/25/46

RECEIVED

JUN 2 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 442

## CERTIFICATE OF DEATH

04783

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

6 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 Mill St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Calvin Harrington

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Wilsie Dail6. (c) If alive, give age 63 years

## 7. Birth date of deceased (mo., day, yr.)

July 4, 1873

## 8. AGE:

Years

72

Months

10

Days

8

If less than one day

.....hrs. ....min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Lawyer11. Industry or business Law12. Name Edward L. Harrington13. Birthplace Maryland14. Maiden name Mary Jones15. Birthplace Maryland18. Informant Mr. Frank MahoodAddress Cambridge, Maryland17. Burial Date thereof May 14, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 5-14- 19 46  
(Date rec'd by registrar)John Mace Jr. M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946 at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 27, 1945 to May 12, 1946and that I last saw him alive on May 12, 1946 at 1B 86

Immediate cause of death

Hodgkin's disease

## DURATION

6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Eldridge H. Wofford  
M. D. or otherAddress Cambridge, Maryland Date signed 5-14-46

6471

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

MAY 20 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 733

## CERTIFICATE OF DEATH

04784

Reg. Dist. No. 16

### 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Carrollton Rd  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Mary Suzanne Allen

### 3. (b) Social Security Number

4. Sex Female 5. Color or race col 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Samuel Allen

7. Birth date of deceased (mo., day, yr.) Jan 15 1886

8. AGE: Years 60 Months 4 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace East New Market Md  
(Town, county, and state)

10. Usual occupation Gen Household

11. Industry or business

12. Name John Johnson

13. Birthplace East New Market Md

14. Maiden name Emily Johnson

15. Birthplace East New Market Md

16. Informant Emma Allen

Address 259 Montina St Seminary Pa

17. Allen Date thereof June 3  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Allen

Location Leys H Baysmen

18. Funeral director Cambridge

Address Cambridge

19. 5-3 19 46 John Macfarland  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 19 46 at 9:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 19 46 to May 31 19 46

and that I last saw him alive on May 28 19 46

Immediate cause of death Arteriosclerosis

Arteriosclerosis

Due to Myocardial

Due to \_\_\_\_\_

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Carroll H. Allen MD

M. D. or other \_\_\_\_\_

Address Cambridge

Date signed 6-3-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED

JUN 6 1946

BUREAU V. S.

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

04785

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County Dorchester  
 City or town East New Market Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 46 years  
 Hospital, institution, or street address where death occurred: \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town East New Market Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Joseph Louis Kral

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male W. Widowed

6. (b) Name of husband or wife Sophia Kral (Deceased)7. Birth date of deceased (mo., day, yr.) April 1, 1880 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Year 66 Months 1 Days 9 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Prague, Czechoslovakia  
(town, county, and state)10. Usual occupation Farming

## 11. Industry or business

12. Name Joseph Kral13. Birthplace Prague, Czechoslovakia14. Maiden name Barbora Stulka15. Birthplace Prague, Czechoslovakia16. Informant Anna KralAddress East New Market, Md.17. Burial Date thereof 5/13/46  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Secretary, Md.18. Funeral director H.B. Melloway & Co.Address East New Market19. May 11 19 46 Elizabeth C. Lincoth  
(Date recd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 10 May 19 46 at 7:40 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 19 46 to 10 May 19 46and that I last saw him alive on 10 May 19 46Immediate cause of death Coronary heartfailure.Due to Arterio sclerotic heartdisease

Due to \_\_\_\_\_

Other conditions Pulmonary Emphysema

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

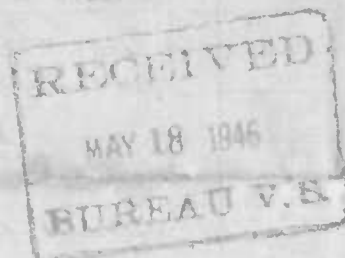
Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James C. Thompson M.D.Address Cambridge, Md. Date signed 10 May 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

04786

<b>1. PLACE OF DEATH:</b> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>all of life</u> Hospital, institution, or street address where death occurred: <u>105 Washington St.</u> How long in hospital or institution?..... <u>X</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>105 Washington St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>X</u>											
<b>3. (a) FULL NAME</b> <u>Nina Langly</u>				<b>3. (b) Social Security Number</b>											
<b>4. Sex</b> <u>female</u>		<b>5. Color or race</b> <u>colored</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>											
<b>6. (b) Name of husband or wife</b> ..... <u>X</u>				<b>6. (c) If alive, give age</b> ..... years											
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>December 4 1900</u>				<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>45</u></td> <td><u>5</u></td> <td><u>23</u></td> <td><u>X</u> hrs. <u>X</u> min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>45</u>	<u>5</u>	<u>23</u>	<u>X</u> hrs. <u>X</u> min.
Years	Months	Days	If less than one day												
<u>45</u>	<u>5</u>	<u>23</u>	<u>X</u> hrs. <u>X</u> min.												
<b>9. Birthplace</b> ..... <u>Maryland N. Carolina</u> (Town, county, and state)				<b>10. Usual occupation</b> ..... <u>Housework</u>											
<b>11. Industry or business</b> ..... <u>home</u>				<b>12. Name</b> ..... <u>X</u>											
<b>13. Birthplace</b> ..... <u>X</u>				<b>14. Maiden name</b> ..... <u>Sudie Langly</u>											
<b>15. Birthplace</b> ..... <u>Md. N. Carolina</u>				<b>16. Informant</b> ..... <u>Margaret Banks</u> Address..... <u>105 Washington St. Cambridge, Md.</u>											
<b>17. Burial</b> ..... <u>Waugh Cemetery</u> (Burial, cremation, or removal. Which?) Date thereof..... <u>5-30-46</u> (month) (day) (year) Cemetery or crematory..... <u>Cambridge, Md</u> Location.....				<b>18. Funeral director</b> ..... <u>Lewis H. Bayne</u> Address..... <u>Cambridge, Md.</u>											
<b>19.</b> <u>5-29</u> ..... <u>46</u> ..... <u>John M. [Signature]</u> (Date rec'd by registrar) Registrar				<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> ..... <u>May 27</u> ..... 19 <u>46</u> at <u>1-30A</u> am <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>X</u> ..... 19....., to <u>X</u> ..... 19..... and that I last saw h..... alive on <u>X</u> ..... 19..... <b>Immediate cause of death</b> ..... <u>Disease of Coronary Arteries</u> <b>DURATION</b> ..... <u>0</u> Due to..... <u>X</u> Due to..... <u>X</u> Other conditione..... <u>X</u> (Include pregnancy within 3 months of death) <b>Major findings of operations</b> ..... Date of op..... <b>Autopsy results</b> ..... <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically. <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... <b>23. SIGNATURE</b> ..... <u>Dr. R. Shriver, Dep. Med. Exam.</u> Address..... <u>Cambridge, Md.</u> Date signed..... <u>May 27/46</u>											

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JUN 2 1945

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

## CERTIFICATE OF DEATH

04787

Reg. Dist. No. 116

1. PLACE OF DEATH: *Dorchester*  
 County.....  
 City or town.....*Cambridge*  
 (If outside city or town limits, write R.U.R. and give nearest town)  
 How long in above place of death? *26 years*  
 Hospital, institution, or street address where death occurred.....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Maryland* County.....*Dorchester*  
 City or town.....*Cambridge*  
 (If outside city or town limits, write R.U.R. and give nearest town)  
 Street No. *209 Byrne St.*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3.(a) FULL NAME.....*Emmie T. Lantz*

3.(b) Social Security Number

4. Sex.....*Female* 5. Color or race.....*white* 6.(a) Single, married, widowed, or divorced.....*Married*  
 6.(b) Name of husband or wife.....*Thomas D. Lantz*  
 8.(c) If alive, give age *49* years  
 7. Birth date of deceased (mo., day, yr.).....*July 7 - 1899*  
 8. AGE: Years.....*46* Months.....*10* Days.....*18* If less than one day..... hrs. .... min.

9. Birthplace.....*Cambridge*  
 (Town, county, and state)  
 10. Usual occupation.....*Housewife*  
 11. Industry or business.....*James E. Thomas*  
 12. Name.....*James E. Thomas*  
 13. Birthplace.....*Dor Co.*  
 14. Maiden name.....*Emmie Figgis*  
 15. Birthplace.....*Dor Co.*

16. Informant.....*Thomas D. Lantz*  
 Address.....*209 Byrne St. Cambridge*  
 17. Burial.....*Burial* Date thereof.....*5-27-1946*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....*Greenlawn*  
 Location.....*Cambridge, Md.*  
 18. Funeral director.....*Samuel P. Thomas*  
 Address.....*Cambridge, Md.*  
 19. *5-27-* *46* *John Mace Jr.*  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*May 25* 19*46*, at *8* A.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *January 2* 19*46* to *May 25* 19*46* and that I last saw her alive on *May 9* 19*46*

Immediate cause of death.....*Carcinomatosis*  
 Due to.....*Carcinoma of the ascending Colon*  
 Due to.....  
 Other conditions.....

DURATION

*7 mo +**2 years*

(Include pregnancy within 3 months of death)  
 Major findings of operations.....*none* Date of op.....

Autopsy results.....*none*  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

13. SIGNATURE.....*Eldridge H. Hedfield*  
 Address.....*Cambridge, Md.* M. D. or other  
 Date signed.....*5-22-46*

1945  
5761  
0261  
—  
17

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JUN 2 1946

BUREAU V-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98d

## CERTIFICATE OF DEATH

04788

Reg. Dist. No. 290 116

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8yr. 6mos. 6 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 8 yrs. 6 mos. 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

3. (a) FULL NAME Jeffie Bertha McGill 3. (b) Social Security Number \_\_\_\_\_

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife unknown  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) August 8, 1861  
 8. AGE: Years 84 Months 9 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 9. Birthplace Unknown  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business In own home  
 12. Name William B. Roberts  
 13. Birthplace Maryland  
 14. Maiden name Mary Hoburg  
 15. Birthplace Maryland

16. Informant Hospital Records  
 Address Cambridge, Maryland  
 17. Burial Date thereof May 23, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Spring Hill  
 Location Easton, Md.  
 18. Funeral director Edgar B. Burt  
 Address Easton, Md.  
 19. 5723 46 N.H. Morris  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 19 46 at 4:00A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 16 19 37 to May 22 19 46  
 and that I last saw him/her alive on May 22 19 46

Immediate cause of death Coronary Occlusion DURATION 2 hours  
Arteriosclerotic Heart Unknown  
Disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE Chas M. Bousmiller M. D. or other \_\_\_\_\_  
 Address Easton, Md. Date signed 5 22 46

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JUN 2 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH

age & birth date of deceased is

2411 N. Charles St., Baltimore 94a

04789

shown on

FILM No. I O 4 MAY 21 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester

City or town Wingate

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

Wingate

How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Wingate

(If outside city or town limits, write RURAL and give nearest town)

Street No. Wingate

(If rural, give LOCATION)

2.(a) If veteran, name war -

### 3. (a) FULL NAME

Jerome McNamara

### 3. (b) Social Security Number

-

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

#### 8. (b) Name of husband or wife

Allie R. Powley

6. (c) If alive, give age 58 years

#### 7. Birth date of deceased (mo., day, yr.)

November 7, 1890

#### 8. AGE:

Years

Months

Days

If less than one day

55

hrs.

min.

#### 9. Birthplace

Lakesville, Dor. Co., Md.

(Town, county, and state)

#### 10. Usual occupation

Road Worker

#### 11. Industry or business

States Road Commission

#### MOTHER

#### 12. Name

James McNamara

#### 13. Birthplace

Maryland

#### 14. Maiden name

Cornelis Mister

#### 15. Birthplace

Maryland

#### 16. Informant

Mr. John Jones

#### Address

Wingate, Maryland

#### 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 9, 1946

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

#### 18. Funeral director

LeCompte's Funeral Service

#### Address

Cambridge, Maryland.

#### 19.

5-7-46  
(Date rec'd by registrar)

46

John M. Jones  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 19 46, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

decease to arrival 19 46

and that I last saw him live on arrival 19 46

Immediate cause of death

Coronary occlusion

DURATION

3-5 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Eldridge H. Wolfford  
Attending Physician

M. D. or other

Address

Cambridge, Md.

Date signed 5-9-46

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MAY 13 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

04790

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County..... Dorchester  
 City or town..... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 22 yrs. 9 mos. 17 ds.  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution?..... 22 yrs. 9 mos. 17 ds.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ☒

## 3. (a) FULL NAME

Howard Moore

## 3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Divorced

6. (b) Name of husband or wife..... Unknown

7. Birth date of deceased (mo., day, yr.)..... July 28 1888 6. (c) If alive, give age..... years

8. AGE: Years..... 57 Months..... 9 Days..... 6 ds. It less than one day..... hrs. .... min.

9. Birthplace..... Maryland  
 (Town, county, and state)

10. Usual occupation..... Carpenter

11. Industry or business.....

12. Name..... Joseph S. Moore13. Birthplace..... Delaware14. Maiden name..... Kate Emery15. Birthplace..... Unknown16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial..... Temporarily Date thereof..... May 8, 1946  
 (Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or crematory..... Templeville

Location..... Templeville

18. Funeral director..... Howard E. Moore

Address..... Millington Md

18. 5/4/46 46 John Moore Md  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 3 19.. 46 at 3:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 1 19.. 42 to May 3 19.. 46  
 and that I last saw him alive on May 3 19.. 46

Immediate cause of death.....

DURATION

Cerebral Hemorrhage 3 ds.

Due to.....

Due to.....

Other conditions..... Bronchopneumonia

Psychosis with convulsive disorder 30 y  
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... John Moore

M. D. or other

Address..... Cambridge Md Date signed..... May 3/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 112

## 1. PLACE OF DEATH:

County DorchesterCity or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

Vienna - Cambridge Road

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Vienna - Cambridge Road  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Martin F. Parker

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Viola J. Parker7. Birth date of deceased (mo., day, yr.) 18986. (c) If alive, give age 48 years

## 8. AGE:

Years

Months

Days

If less than one day

481898

hrs.

min.

9. Birthplace Vienna Maryland  
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Farm12. Name Richard Parker13. Birthplace Vienna, Maryland14. Maiden name Frances Parker15. Birthplace Vienna, Maryland16. Informant Viola J. ParkerAddress Vienna, Maryland, R.F.D.17. (Burial, cremation, or removal. Which?) Burial Date thereof May 20, 1946  
(month) (day) (year)Cemetery or crematory Vienna Colored CemeteryLocation Vienna, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. May 20 46 Elyah D. Bege  
(Date rec'd by registrar) 19. 46 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 46 at 4:45 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 46 to May 15 19 46  
and that I last saw her alive on May 10 19 46

Immediate cause of death

Myocardial infarction due toCoronary ArteriosclerosisDue to General Arteriosclerosis 1 yr +Due to Diabetes mellitus 1 yr +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Harrison MD M. D. or otherAddress Hurlock Md. Date signed 5/16/46

RECEIVED  
MAY 22 1946  
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

04792

Reg. Dist. No. 116

<b>1. PLACE OF DEATH:</b> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>—</u> Hospital, institution, or street address where death occurred: <u>113 Vue de Leau St.</u> How long in hospital or institution? <u>—</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>113 Vue De Leau St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>—</u>			
<b>3.(a) FULL NAME</b> <u>Elizabeth Byrn Phelps</u>				<b>3.(b) Social Security Number</b> <u>—</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6.(a) Single, married, widowed, or divorced</b> <u>Widowed</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6.(b) Name of husband or wife</b> <u>Frances P. Phelps</u>				<b>2D. DATE OF DEATH</b> <u>May 29,</u> 19 <u>46</u> , at <u>8:15P.</u> M			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Nov. 16, 1863.</u>				<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Jan 26</u> 19 <u>45</u> to <u>May 29</u> 19 <u>46</u> and that I last saw her alive on <u>May 20</u> 19 <u>46</u>			
<b>8. AGE:</b> Years <u>82</u> Months <u>6</u> Days <u>13</u> If less than one day <u>—</u> hrs. <u>—</u> min.				<b>Immediate cause of death</b> <u>Uremia</u>			
<b>9. Birthplace</b> <u>Dorchester Co., Maryland</u> (Town, county, and state)				<b>Due to</b> <u>arteriosclerotic cardiovascular renal disease</u>			
<b>10. Usual occupation</b> <u>—</u>				<b>Due to</b> <u>—</u>			
<b>11. Industry or business</b> <u>—</u>				<b>Other conditions</b> <u>—</u>			
<b>12. Name</b> <u>Not Known</u>				(Include pregnancy within 3 months of death)			
<b>13. Birthplace</b> <u>Maryland</u>				<b>Major findings of operations</b> <u>none</u>			
<b>14. Maiden name</b> <u>Not Known</u>				Date of op. <u>—</u>			
<b>15. Birthplace</b> <u>Maryland</u>				<b>Autopsy results</b> <u>none</u>			
<b>16. Informant</b> <u>Mr. Harry Phelps</u>				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
Address <u>Cambridge, Maryland</u>				<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following:			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>May 31, 1946</u> (month) (day) (year)				Accident, suicide, or homicide <u>—</u> Date of <u>—</u>			
Cemetery or crematory <u>Christ Church Cemetery</u>				Where did injury occur? (City or town) (County) (State)			
Location <u>Cambridge, Maryland.</u>				Injured at home, farm, industry, public place (where?) <u>—</u>			
<b>18. Funeral director</b> <u>LeCompte's Funeral Service</u>				Means of injury <u>—</u> Injured at work? <u>—</u>			
Address <u>Cambridge, Maryland.</u>				<b>23. SIGNATURE</b> <u>Eldridge Herb... D</u>			
<b>19.</b> <u>5-31.</u> 19 <u>46</u> <u>John Mace Jr. M.D.</u> Registrar				Address <u>Cambridge, Md.</u> Date signed <u>5-30-46</u>			



5474

MADE IN THE UNITED STATES OF AMERICA

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BUREAU OF

ARTESIAN WELL

AS CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (111-2)

## CERTIFICATE OF DEATH

04793

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge RFD #2  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? ✓

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge RFD #2  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD #2  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Herman Reichert

## 3. (b) Social Security Number

✓

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced not known  
 8. AGE: Years 89 Months Days If less than one day  
 11. Industry or business

9. Birthplace Germany  
 (Town, county, and state)  
 10. Usual occupation Farm  
 11. Industry or business "  
 12. Name Not known  
 13. Birthplace "  
 14. Maiden name Not known  
 15. Birthplace "

16. Informant Personal items  
 Address "  
 17. Burial Date thereof May 3, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Dorchester Memorial Park  
 Location Cambridge, Maryland  
 18. Funeral director LeCompte's Funeral Ser.  
 Address Cambridge, Md  
 19. 5-2-46 19 46  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 46 at ? M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 29 19 46 to May 1 19 46  
 and that I last saw him alive on May 1 19 46  
 Immediate cause of death Pulmonary Embolism DURATION ?  
 Due to Heart failure 2 wk.  
 Due to Generaltherosclerosis ?  
 Other conditions  
 (Include pregnancy within 8 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE James G. Thompson, MD M. D. or other  
 Address Cambridge, Md Date signed May 24, 46

RECEIVED  
MAY 3 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 912

## CERTIFICATE OF DEATH

04794

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

3 years

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)2.(a) If veteran, name war No

## 3. (a) FULL NAME

William Robinson

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Widowed

## B. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

January 6, 1881

## 8. AGE:

Years

Months

Days

If less than one day

6543

hrs.

min.

## 9. Birthplace

Accomac County Virginia  
(Town, county, and state)

## 10. Usual occupation

Day laborer

## 11. Industry or business

Factory

FATHER

## 12. Name

No data

## 13. Birthplace

## 14. Maiden name

No data

## 15. Birthplace

## 16. Informant

Emma Conway

## Address

Hurlock, Maryland

## 17.

(Burial, cremation, or removal. Which?)

Burial

## Date thereof

May 13, 1946  
(month) (day) (year)

## Cemetery or crematory

Federal Hill Cemetery

## Location

Federalburg, Maryland

## 18. Funeral director

J. J. Frampton and Son

## Address

Federalburg, Maryland

## 19.

(Date rec'd by registrar)

May 12 - 1946Charles Hastings  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 46, at 12:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19 X, to X 19 Xand that I last saw h. X alive on X 19 X

## Immediate cause of death

Myocarditis

## DURATION

2 min

## Due to

Arterio Sclerosis2 min

## Due to

## Other conditions

X

(Include pregnancy within 3 months of death)

## Major findings of operations

X

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

J. H. Shriver, Dep Med. Exam.  
M. D. or otherAddress Cambridge - Md Date signed May 10/46

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MAY 15 1946  
BUREAU V.R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04795

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County..... Dorchester  
City or town..... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 1 mos. 11 days  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution?..... 1 mos. 11 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County.....  
City or town..... Baltimore City  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 172 South Gilmore  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3.(a) FULL NAME

Ella N. Rogers

### 3.(b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed  
6.(b) Name of husband or wife..... Morris  
6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.)..... Unknown 1857  
8. AGE: Years..... 89 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace..... Raleigh, North Carolina  
(Town, county, and state)  
10. Usual occupation..... Housewife  
11. Industry or business..... Own home  
12. Name..... Marnell  
13. Birthplace..... Ireland  
14. Maiden name..... Marie Morris  
15. Birthplace..... Unknown

16. Informant..... Hospital records  
Address..... L.S.S.H., Cambridge, Maryland  
17. Burial Date thereof..... May 3, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Christ Church Cemetery  
Location..... Cambridge, Maryland.  
18. Funeral director..... LeCompte's Funeral Service  
Address..... Cambridge, Maryland.  
19. May 2-46 John Mace Jr.  
(Date rec'd by registrar) (Signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 1 19 46 at 10:28 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 3 19 46 to May 1 19 46  
and that I last saw h..... er alive on May 1 19 46  
Immediate cause of death..... Bronchial pneumonia  
Other conditions..... arteriosclerosis  
senile psychosis  
(Include pregnancy within 3 months of death)  
Major findings of operations.....  
Date of op.....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION  
7 days

8 yrs.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?  
23. SIGNATURE..... John Mace Jr.  
M. D. or other.....  
Address..... Cambridge, Md. Date signed..... 5/1/46

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 3 1946  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-01

## CERTIFICATE OF DEATH

04796

Reg. Diat. No. 116

<b>1. PLACE OF DEATH:</b> County... <u>Worcester</u> City or town... <u>Woodford, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>entire life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Worcester</u> City or town... <u>Woodford</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>none</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>World War # 2</u>			
<b>3.(a) FULL NAME</b> <u>Carl A. Sheuton</u>				<b>3.(b) Social Security Number</b> <u>none</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>white</u>		<b>6.(a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6.(b) Name of husband or wife</b>				<b>20. DATE OF DEATH</b> <u>May 2</u> 19 <u>46</u> , at <u>3:45</u> <sup>PM</sup>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>October 10 - 1912</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>4 - 30</u> 19 <u>46</u> to <u>5 - 1</u> 19 <u>46</u> and that I last saw him alive on <u>5 - 1</u> 19 <u>46</u> Immediate cause of death <u>Myocarditis</u> <u>Acute</u>			
<b>8. AGE:</b> Years <u>33</u> Months <u>6</u> Days <u>22</u> If less than one day hrs. min.		<b>6.(c) If alive, give age</b> years		<b>DURATION</b> <u>?</u>		<b>Due to</b>	
<b>9. Birthplace</b> <u>Madison</u> (Town, county, and state)				<b>Due to</b>			
<b>10. Usual occupation</b> <u>Auto Mechanic</u>				<b>Other conditions</b> <u>Bronchial Asthma</u> <u>Chronic</u> (Include pregnancy within 3 months of death)			
<b>11. Industry or business</b>				<b>Major findings of operations</b> <u>none</u> Date of op.			
<b>MOTHER</b>		<b>FATHER</b>		<b>Autopsy results</b> <u>none</u> <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.			
<b>12. Name</b> <u>Guy Sheuton</u>		<b>13. Birthplace</b> <u>Taylor Island</u>		<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of			
<b>14. Maiden name</b> <u>Lula Cannon</u>		<b>15. Birthplace</b> <u>Golden Hill, Md.</u>		Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
<b>16. Informant</b> <u>Mrs Emma Peters</u> Address <u>Madison, Md.</u>				<b>23. SIGNATURE</b> <u>Hugh Brown M.D.</u> M. D. or other Address <u>Cambridge Md.</u> Date signed <u>5/2/46</u>			
<b>17. Burial</b> <u>Madison M.E. Churchyard</u> (Burial, cremation, or removal. Which?) Date thereof <u>5-5-1946</u> (month) (day) (year) Cemetery or crematory <u>Madison, Md.</u> Location <u>Kenneth P. Shuman</u>				<b>18. Funeral director</b> <u>Cambridge, Md.</u> Address <u>5-4-1946</u> (Date rec'd by registrar)			

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MAY 5 1946

BUREAU V

*Permanently*

NOTES HANDED OVER

FOR CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Bol*

## CERTIFICATE OF DEATH

Reg. Dist. No. *116*

## 1. PLACE OF DEATH:

County *Dorchester*  
 City or town *Cambridge, Md*  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

*15 Trenton St, Cambridge Md*  
 How long in hospital or institution?

## 3. (a) FULL NAME

*Edmund L. Stewart*

4. Sex

*Male*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Single*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

*May 17, 1925*

8. (c) If alive, give age..... years

8. AGE:

Years	Months	Days	If less than one day
<i>20</i>	<i>11</i>	<i>29</i>	..... hrs. .... min.

9. Birthplace

*Hoopersville, Md*  
(Town, county, and state)

10. Usual occupation

*Worker in the Infy. Co.*

11. Industry or business

MOTHER FATHER

12. Name

*Edgar H. Stewart*

13. Birthplace

*Fishing Creek Md*

14. Maiden name

*Grace Johnson*

15. Birthplace

*Lakesville Md*

18. Informant

*Albert Stewart*

Address

*213 Chestnut Ave - Cambridge*17. *Burial*

(Burial, cremation, or removal. Which?)

Date thereof

*5-18-1946*  
(month) (day) (year)

Cemetery or crematory

*Greenlawn*

Location

*Cambridge Md*

18. Funeral director

*Kenneth P. Thomas*

Address

*Cambridge Md*19. *5-17-46*  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

*Md* County *Dorchester*

City or town

*Cambridge*  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

*15 Trenton St.*  
(If rural, give LOCATION)

2. (a) If veteran, name war

*none*

## 3. (b) Social Security Number

*220-12-0274*

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*May 16, 1946, at 7:40 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 12, 1946, to May 16, 1946*

and that I last saw him alive on

*May 4, 1946*

Immediate cause of death

*Brain tumor, metastatic from tumor (cancer) in neck, that had been excised at Johns Hopkins Hospital.*

DURATION

Due to

*Primary cancer in neck, malignant.*

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*Albert E. Brunker*

M. D. or other

Address

*Cambridge Md*

Date signed

*5-17-46*

ARTERIAL CEMENT

CONTENTS

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MAY 20 1946

BUREAU V.S.

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Evidence for the change of  
age is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

04798

★ Reg. Dist. No. 111

FILM No. 104 MAY 22 1946

### 1. PLACE OF DEATH:

County Worcester

City or town Secretary  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... County .....

City or town .....  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

### 3. (a) FULL NAME

Michael Gobat

### 3. (b) Social Security Number

4. Sex Male

5. Color or race white

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Oct 15 1861

8.(c) If alive, give age ..... years

8. AGE:

Years 84

Months 5

Days 12

Hours

If less than one day

min.

9. Birthplace

Sardinia, Sardinia, Italy  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

May 6 1946  
(Month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. May 5

(Date read by registrar)

19 46

Mrs Elizabeth Smith

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1946 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 24 19 46 to May 1 19 46

and that I last saw him alive on May 1 19 46

Immediate cause of death

Pneumonia

DURATION

10 days

Due to

Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

R.D. Brown M.D.

Address East New Market Date signed 3/4/46

RECEIVED  
MAY 10 1944  
BUREAU V. L.

RECEIVED  
MAY 10 1944  
BUREAU



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

## CERTIFICATE OF DEATH

04799

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 mos. 19 dys  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? 7 mos. 19 dys.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Thomas Elisha Tubbs

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Roxie Truitt Tubbs  
6. (c) If alive, give age 36 years  
7. Birth date of deceased (mo., day, yr.) June 20, 1898  
8. AGE: Years 47 Months 6 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Worcester County, Maryland  
(Town, county, and state)  
10. Usual occupation Poultryman  
11. Industry or business \_\_\_\_\_  
12. Name Thomas L. Tubbs  
13. Birthplace Worcester County, Maryland  
14. Maiden name Ellen Wainwright  
15. Birthplace Worcester County, Maryland

16. Informant Hospital Records  
Address E.S.S. Hospital, Cambridge, Maryland  
17. Burial Date thereof 5-16-1946  
(Burial, cremation, or removal) (month) (day) (year)  
Cemetery or crematory Evergreen Cemetery  
Location Berlin, Md.  
18. Funeral director C.H. Watson  
Address Frankford Rd  
5-16-46 John M. ...  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1946 at 6:55 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25, 1945 to May 14, 1946  
and that I last saw him alive on May 14, 1946

Immediate cause of death Urinary tract infection  
Due to Tabo-Paresis  
Charismatic malaria  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_ M. D. or other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 5-14-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAY 20 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

04800

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred.....

How long in hospital or institution?.....

3. (a) FULL NAME Alton Waters

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single, married, widowed, or divorced married  
 8. (b) Name of husband or wife Sizzie Waters  
 7. Birth date of deceased (mo., day, yr.) 1893 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 53 Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Airys Md  
 (Town, county, and state)

10. Usual occupation seafarer

11. Industry or business

12. Name James waters

13. Birthplace Airys Md

14. Maiden name Eliza Stanley

15. Birthplace Airys Md

16. Informant James waters

Address 72 Washington St Cambridge

17. Burial Date thereof May 5/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Airys Md

18. Funeral director Seafis H. Bayne

Address Cambridge Md

19. May 5 19 46 Dr John N. Jr.  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 72 Washington St.  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 46, at 8:25 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 4 19 46 to May 3 19 46  
 and that I last saw him alive on April 28 19 46

Immediate cause of death Coronary Thrombosis  
 DURATION 1/2 day

Due to Coronary arterial vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE Alton E. Bunker M. D. or other

Address Cambridge Date signed 5-6-46

RECEIVED

MAY 7 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-2)

## CERTIFICATE OF DEATH

04801

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 1 Week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 211 Henry St.

(If rural, give LOCATION)

2.(a) If veteran, name war —

## 3. (a) FULL NAME

Martha Louise White

## 3. (b) Social Security Number

—

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife William H. White(Deceased 1918)6.(c) If alive, give age — years

## 7. Birth date of

deceased (mo., day, yr.) Nov. 13, 1860

## 8. AGE:

Years

85

Months

6

Days

18

If less than one day

.....hrs. ....min.

9. Birthplace Church Creek, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation —11. Industry or business —

## MOTHER

## FATHER

12. Name George Vickers13. Birthplace Maryland14. Maiden name Anna Brannock15. Birthplace Maryland18. Informant —Address —17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 3, 1946

(month) (day) (year)

Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 6/6 19 46

(Date rec'd by registrar)

John Mace Jr. Md.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 19 46, at 12:05A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 24, 19 46, to May 31, 19 46and that I last saw a alive on May 30, 19 46

Immediate cause of death

DURATION

#gptemic Cardio-Vascular Disease Unknown

Due to

Due to

Other conditions

Fracture of left hip  
No further information furnished  
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. P. Meredith

M. D. or other

Address 15 Locust Street Date signedCambridge, Md.

RECEIVED

JUN 12 1946

BUREAU V.S.

VS A15

RECEIVED

JUN 6 1946

BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

14863

110

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Academy Avenue  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. Academy Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Kennedy J. Knight

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Mary E. Knight

## 7. Birth date of

deceased (mo., day, yr.) December 7, 1864

## 6. (c) If alive, give age

years

## 8. AGE:

Years 81 Months 4 Days 25 If less than one day  
.....hrs. ....min.9. Birthplace Dorchester County, Maryland

(Town, county, and state)

## 10. Usual occupation

Retired Merchant

## 11. Industry or business

Store

## FATHER

12. Name Jabez Wright13. Birthplace Dorchester County, Maryland14. Maiden name Mary C. Wright15. Birthplace Dorchester County, Maryland16. Informant Mrs. E. B. MyersAddress Hurlock, Maryland17. Burial Date thereof May 4, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington CemeteryLocation Hurlock, Maryland18. Funeral director J. J. Fraughton & SonAddress Federalburg, Maryland19. May 4 - 46 Registrar Charles Foster

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 46 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 2 19 45 to May 2 19 46and that I last saw him alive on May 1 19 46Immediate cause of death P.M. Mary E. KnightAccidental fall on slippery pavementDue to Chronic HypertensionOther conditions Feather Squirrel BunkLeft Throat

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of December 20, 1945Where did injury occur? Hurlock Dorchester Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public placeMeans of injury Accidental fall Injured at work?23. SIGNATURE Paul B. BennettAddress Princeton, MarylandDate signed 5-4-46

5064

RECEIVED  
MAY 14 1946  
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age  
is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

FILM No. 104 MAY 28 1946

## CERTIFICATE OF DEATH

★ 14804111  
Reg. Dist. No.

### 1. PLACE OF DEATH

County Worcester  
City or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Mark Young

### 3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

Female White Married

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) aug 20 1904

8. AGE: Years 41 Months 8 Days..... If less than one day..... hrs. .... min.

8. Birthplace.....  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial..... Date thereof.....  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. 5/11 46 Elizabeth C. Smith  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 8 19 46 at 11:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 19 46 to May 8 19 46 and that I last saw her alive on May 7 19 46

Immediate cause of death.....  
Chronic Myocardial Degeneration  
Due to Coronary thromboses

DURATION

3 mo  
3 mo

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed.....

RECEIVED  
MAY 18 1946  
BUREAU U S